

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

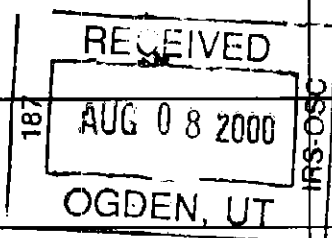
1 Name of organization Friends of Peter Bock		Employer identification number 39-1612314
2 Mailing address (P.O. Box or number, street, and room or suite number) 4710 W. Bluemound Rd.		
City or town, state, and ZIP code Milwaukee, WI 53208		
3 E-mail address of organization		
4a Name of custodian of records Judith Mount	4b Custodian's address 1353 N. 65th St. Wauwatosa, WI 53213	
5a Name of contact person Peter Bock	5b Contact person's address 4710 W. Bluemound Rd. Milwaukee, WI 53208	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization.
Political campaign

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



Form SS-4 (Rev. April 2000) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ▶ Keep a copy for your records.		EIN OMB No. 1545-0003															
Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Peter E. Bock																		
	2 Trade name of business (if different from name on line 1) Friends of Peter Bock		3 Executor, trustee, "care of" name Peter E. Bock																
	4a Mailing address (street address) (room, apt., or suite no.) 4710 West Bluemound Rd		5a Business address (if different from address on lines 4a and 4b)																
	4b City, state, and ZIP code Milwaukee, WI 53208		5b City, state, and ZIP code																
	6 County and state where principal business is located Milwaukee, Wisconsin																		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ Judith Mount																		
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN) _____</td><td><input type="checkbox"/> Estate (SSN of decedent) _____</td></tr><tr><td><input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.</td><td><input type="checkbox"/> Plan administrator (SSN) _____</td></tr><tr><td><input type="checkbox"/> REMIC <input type="checkbox"/> National Guard</td><td><input type="checkbox"/> Other corporation (specify) ▶ _____</td></tr><tr><td><input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ▶ Campaign Committee (enter GEN if applicable) _____</td><td></td></tr><tr><td><input type="checkbox"/> Other (specify) ▶ _____</td><td></td></tr></table>					<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Plan administrator (SSN) _____	<input type="checkbox"/> REMIC <input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ▶ _____	<input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ▶ Campaign Committee (enter GEN if applicable) _____		<input type="checkbox"/> Other (specify) ▶ _____	
<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____																		
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Plan administrator (SSN) _____																		
<input type="checkbox"/> REMIC <input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ▶ _____																		
<input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust																		
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military																		
<input type="checkbox"/> Other nonprofit organization (specify) ▶ Campaign Committee (enter GEN if applicable) _____																			
<input type="checkbox"/> Other (specify) ▶ _____																			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country															
9 Reason for applying (Check only one box.) (see instructions) <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Legislative mandate																			
10 Date business started or acquired (month, day, year) (see instructions) July, 1986		11 Closing month of accounting year (see instructions) December																	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year). ▶ N/A																			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶ <table border="1"><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td>-0-</td><td>-0-</td><td>-0-</td></tr></table>					Nonagricultural	Agricultural	Household	-0-	-0-	-0-									
Nonagricultural	Agricultural	Household																	
-0-	-0-	-0-																	
14 Principal activity (see instructions) ▶ political campaign																			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____																			
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A																			
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.																			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____																			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN																			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. <table border="0"><tr><td colspan="2">Name and title (Please type or print clearly.) ▶ Peter Bock State Representative</td><td colspan="3">Business telephone number (include area code) (608) 266-8580</td></tr><tr><td colspan="2">Signature ▶ Peter Bock</td><td colspan="3">Fax telephone number (include area code) (608) 282-3607</td></tr><tr><td colspan="2">Date ▶ 7/31/00</td><td colspan="3"></td></tr></table>					Name and title (Please type or print clearly.) ▶ Peter Bock State Representative		Business telephone number (include area code) (608) 266-8580			Signature ▶ Peter Bock		Fax telephone number (include area code) (608) 282-3607			Date ▶ 7/31/00				
Name and title (Please type or print clearly.) ▶ Peter Bock State Representative		Business telephone number (include area code) (608) 266-8580																	
Signature ▶ Peter Bock		Fax telephone number (include area code) (608) 282-3607																	
Date ▶ 7/31/00																			
Note: Do not write below this line. For official use only.																			
Please leave blank ▶		Geo.	Ind.	Class	Size	Reason for applying													